

| | | | | | |
|--|---|----|---|--------------------------|-------------------|
| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | |
| | | | | Application Number | 09/724,319 |
| | | | | Filing Date | November 27, 2000 |
| | | | | First Named Inventor | Schenk, Dale B. |
| | | | | Art Unit | 1649 |
| | | | | Examiner Name | Ballard, Kimberly |
| Sheet | 1 | of | 1 | Attorney Docket Number | 15270J-004743US |

| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|--------------------------|---|--------------------------|
| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
| | 2-99 | U.S. Application No. 09/322289, Examiner Interview Summary mailed 01/15/2009. | <input type="checkbox"/> |
| | 2-98 | U.S. Application No. 09/723765, Examiner Interview Summary mailed 01/16/2009. | <input type="checkbox"/> |
| | 2-92 | U.S. Application No. 09/723765, Examiner Interview Summary mailed 10/08/2008. | <input type="checkbox"/> |
| | 2-101 | U.S. Application No. 10/429216, Examiner Interview Summary mailed 03/06/2006. | <input type="checkbox"/> |
| | 2-100 | U.S. Application No. 10/544093, Office Action mailed 02/09/2009. | <input type="checkbox"/> |
| | 2-93 | U.S. Application No. 10/923471, Examiner Interview Summary mailed 10/20/2008. | <input type="checkbox"/> |
| | 2-96 | U.S. Application No. 11/304986, Office Action mailed 12/31/2008. | <input type="checkbox"/> |
| | 2-97 | U.S. Application No. 11/305899 Office Action mailed 12/10/2008. | <input type="checkbox"/> |
| | 2-94 | U.S. Application No. 11/342353, Office Action mailed 11/14/2008. | <input type="checkbox"/> |
| | 2-95 | U.S. Application No. 11/842023, Office Action mailed 11/13/2008. | <input type="checkbox"/> |

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.